

TO BE GIVEN TO PERSON
EXAMINED WITH A PRE-
ADDRESSED "CONFIDENTIAL-MEDICAL" ENVELOPE.

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

Form Approved
Budget Bureau
No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX MALE FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? YES NO (If your answer is "YES" explain fully to the physician performing the examination)	6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (signature of applicant)		

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION PREAPPOINTMENT OTHER (specify)	2. POSITION TITLE																																																																								
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO																																																																									
4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.																																																																									
<p>A. FUNCTIONAL REQUIREMENTS</p> <table><tr><td>1. Heavy lifting, 45 pounds and over</td><td>15. Crawling (hours)</td><td>25. Far vision correctable in one eye to 20/20 and to 20/40 in the other</td></tr><tr><td>2. Moderate lifting, 15-44 pounds</td><td>16. Kneeling (hours)</td><td>26. Far vision correctable in one eye to 20/50 and to 20/100 in the other</td></tr><tr><td>3. Light lifting, under 15 pounds</td><td>17. Repeated bending (hours)</td><td>27. Specific visual requirement (specify)</td></tr><tr><td>4. Heavy carrying, 45 pounds and over</td><td>18. Climbing, legs only (hours)</td><td>28. Both eyes required</td></tr><tr><td>5. Moderate carrying, 15-44 pounds</td><td>19. Climbing, use of legs and arms</td><td>29. Depth perception</td></tr><tr><td>6. Light carrying, under 15 pounds</td><td>20. Both legs required</td><td>30. Ability to distinguish basic colors</td></tr><tr><td>7. Straight pulling (hours)</td><td>21. Operation of crane, truck, tractor, or motor vehicle</td><td>31. Ability to distinguish shades of colors</td></tr><tr><td>8. Pulling hand over hand (hours)</td><td>22. Ability for rapid mental and muscular coordination simultaneously</td><td>32. Hearing (aid permitted)</td></tr><tr><td>9. Pushing (hours)</td><td>23. Ability to use and desirability of using firearms</td><td>33. Hearing without aid</td></tr><tr><td>10. Reaching above shoulder</td><td>24. Near vision correctable at 13" to 16" to Jaeger 1 to 4</td><td>34. Specific hearing requirements (specify)</td></tr><tr><td>11. Use of fingers</td><td></td><td>35. Other (specify)</td></tr><tr><td>12. Both hands required</td><td></td><td></td></tr><tr><td>13. Walking (hours)</td><td></td><td></td></tr><tr><td>14. Standing (hours)</td><td></td><td></td></tr></table> <p>B. ENVIRONMENTAL FACTORS</p> <table><tr><td>1. Outside</td><td>11. Silica, asbestos, etc.</td><td>20. Working on ladders or scaffolding</td></tr><tr><td>2. Outside and inside</td><td>12. Fumes, smoke, or gases</td><td>21. Working below ground</td></tr><tr><td>3. Excessive heat</td><td>13. Solvents (degreasing agents)</td><td>22. Unusual fatigue factors (specify)</td></tr><tr><td>4. Excessive cold</td><td>14. Grease and oils</td><td>23. Working with hands in water</td></tr><tr><td>5. Excessive humidity</td><td>15. Radiant energy</td><td>24. Explosives</td></tr><tr><td>6. Excessive dampness or chilling</td><td>16. Electrical energy</td><td>25. Vibration</td></tr><tr><td>7. Dry atmospheric conditions</td><td>17. Slippery or uneven walking surfaces</td><td>26. Working closely with others</td></tr><tr><td>8. Excessive noise, intermittent</td><td>18. Working around machinery with moving parts</td><td>27. Working alone</td></tr><tr><td>9. Constant noise</td><td>19. Working around moving objects or vehicles</td><td>28. Protracted or irregular hours of work</td></tr><tr><td>10. Dust</td><td></td><td>29. Other (specify)</td></tr></table>		1. Heavy lifting, 45 pounds and over	15. Crawling (hours)	25. Far vision correctable in one eye to 20/20 and to 20/40 in the other	2. Moderate lifting, 15-44 pounds	16. Kneeling (hours)	26. Far vision correctable in one eye to 20/50 and to 20/100 in the other	3. Light lifting, under 15 pounds	17. Repeated bending (hours)	27. Specific visual requirement (specify)	4. Heavy carrying, 45 pounds and over	18. Climbing, legs only (hours)	28. Both eyes required	5. Moderate carrying, 15-44 pounds	19. Climbing, use of legs and arms	29. Depth perception	6. Light carrying, under 15 pounds	20. Both legs required	30. Ability to distinguish basic colors	7. Straight pulling (hours)	21. Operation of crane, truck, tractor, or motor vehicle	31. Ability to distinguish shades of colors	8. Pulling hand over hand (hours)	22. Ability for rapid mental and muscular coordination simultaneously	32. Hearing (aid permitted)	9. Pushing (hours)	23. Ability to use and desirability of using firearms	33. Hearing without aid	10. Reaching above shoulder	24. Near vision correctable at 13" to 16" to Jaeger 1 to 4	34. Specific hearing requirements (specify)	11. Use of fingers		35. Other (specify)	12. Both hands required			13. Walking (hours)			14. Standing (hours)			1. Outside	11. Silica, asbestos, etc.	20. Working on ladders or scaffolding	2. Outside and inside	12. Fumes, smoke, or gases	21. Working below ground	3. Excessive heat	13. Solvents (degreasing agents)	22. Unusual fatigue factors (specify)	4. Excessive cold	14. Grease and oils	23. Working with hands in water	5. Excessive humidity	15. Radiant energy	24. Explosives	6. Excessive dampness or chilling	16. Electrical energy	25. Vibration	7. Dry atmospheric conditions	17. Slippery or uneven walking surfaces	26. Working closely with others	8. Excessive noise, intermittent	18. Working around machinery with moving parts	27. Working alone	9. Constant noise	19. Working around moving objects or vehicles	28. Protracted or irregular hours of work	10. Dust		29. Other (specify)
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Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS (including ZIP Code)	(signature) (date) IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.